Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 1 of 57

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | | |
|-----|--|--|---|-------------------|----------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | a Joint Case): |
| 1. | Your full name | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Aimee First name G. Middle name | First name Middle name | | |
| | Bring your picture identification to your meeting with the trustee. | Escamilla Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | r., Jr., II, III) | |
| 2. | All other names you have | ve | | | |
| | Include your married or maiden names. | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1817 | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 2 of 57

Case number (if known)

Debtor 1 Aimee G. Escamilla

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|---|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| Include trade names and doing business as names Business name(s) | | Business name(s) | Business name(s) | | |
| | | EINs | EINs | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 1332 Johnstone Dr. Batavia, IL 60510 | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Kane | | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

Entered 05/15/17 10:07:23 Desc Main Page 3 of 57 Case 17-15045 Doc 1 Filed 05/15/17

Document Case number (if known) Debtor 1 Aimee G. Escamilla

| Par | Tell the Court About | our Ba | ankruptcy Ca | se | | | |
|-----|---|-------------|--|---|---|---|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | , see <i>Notice Required b</i> and check the appropr | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy iate box. | |
| | choosing to file under | ■ Chapter 7 | | | | | |
| | | ☐ Ch | napter 11 | | | | |
| | | ☐ Ch | napter 12 | | | | |
| | | ☐ Ch | napter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | _ | about how yo | u may pay. Typically, if attorney is submitting y | eck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with | | |
| | | | | the fee in installmen e in Installments (Offici | | otion, sign and attach the Application for Individuals to Pay | |
| | | | | | | tion only if you are filing for Chapter 7. By law, a judge may, | |
| | | | but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out | | | | |
| | | | the Application | n to Have the Chapter | 7 Filing Fee Waived (O | fficial Form 103B) and file it with your petition. | |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No |). | | | | |
| | last 8 years? | ☐ Ye | s. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 40 | Ana anu bankuuntau | | | | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | S. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 44 | Do you rent your | | Go to li | no 12 | | | |
| 11. | residence? | □ No | | | . oviation ividament agai | inst you and do you want to stay in your racidence? | |
| | | ■ Ye | s. Has yo | | i eviction judgment agai | inst you and do you want to stay in your residence? | |
| | | | | No. Go to line 12. | | | |
| | | | | Yes. Fill out <i>Initial State</i> bankruptcy petition. | tement About an Evictio | on Judgment Against You (Form 101A) and file it with this | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23

Desc Main Document Page 4 of 57 Case number (if known) Debtor 1 Aimee G. Escamilla Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small

business debtor, see 11 U.S.C. § 101(51D).

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| ■ No. |
|-------|
|-------|

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 5 of 57

Debtor 1 Aimee G. Escamilla

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

| About Debtor 2 | (Spouse | Only in a | Joint | Case): |
|-----------------------|---------|-----------|-------|--------|
|-----------------------|---------|-----------|-------|--------|

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 57 Case number (if known) Debtor 1 Aimee G. Escamilla Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Aimee G. Escamilla Signature of Debtor 2 Aimee G. Escamilla

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on May 15, 2017

MM / DD / YYYY

Debtor 1 Aimee G. Escamilla Document Page 7 of 57 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Bradley S. Covey | Date | May 15, 2017 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Dradley C. Cayey | | |
| Bradley S. Covey Printed name | | |
| | | |
| Law Offices of Bradley S. Covey, P.C. | • | |
| Firm name | | |
| 428 S. Batavia Ave. | | |
| Batavia, IL 60510 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 630-879-9559 | Email address | bradley.covey@gmail.com |
| 6208786 | | |
| Bar number & State | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 8 of 57

| Deb | tor 1 Aimee G. Escamil | la | | | Case numbe | (if known) |
|--|--|-----------------------------------|--|--|---|---|
| Pari | 6: Answer These Quest | ons for R | eporting Purposes | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a p | consumer debts? Con ersonal, family, or house | sumer debts are defir hold purpose." | ned in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16b. | Are your debts primarily money for a business or in | | | that you incurred to obtain incess or investment. |
| | | | ☐ No. Go to line 16c. | | | |
| | | | ☐ Yes. Go to line 17. | | | • |
| | | 16c. | State the type of debts yo | u owe that are not consu | mer debts or busines | s debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | oter 7. Go to line 18. | | |
| | Do you estimate that after any exempt | Yes. | I am filing under Chapter : are paid that funds will be | | | erty is excluded and administrative expenses |
| | property is excluded and administrative expenses | | ■ No | | | |
| | are paid that funds will be available for | | ☐ Yes | | | |
| | distribution to unsecured creditors? | | | | | |
| 18. | How many Creditors do | 1-49 | | 1,000-5,000 |) | □ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | 1 | 5001-10,00 | 0 | 5 0,001-100,000 |
| ☐ 100-199 ☐ 200-999 | | | | □ 10,001-25,0 | 900 | ☐ More than100,000 |
| 19. | How much do you | \$0 - \$ | 50.000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | \$10,000,00 | | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | ⊔ \$500, | 001 - \$1 million | | 51 - \$500 Hallion | En More dian \$50 billor |
| 20. | | \$0 - \$ | 50,000 | \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | | 001 - \$100,000 | □ \$10,000,00° | | □ \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | m \$200°, | | | | |
| Part | 7: Sign Below | | | | | |
| For | you | I have ex | amined this petition, and I | declare under penalty of p | perjury that the inform | nation provided is true and correct. |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | t an attorney to help me fill out this | |
| | | l request | relief in accordance with th | ne chapter of title 11, Unit | ed States Code, spec | cified in this petition. |
| | | l underst bankrupt and 3571 | cy case can result in fines u | up to \$250,000, or impriso | or obtaining money o onment for up to 20 y | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Almee (| 3. Escamilla e of Debtor 1 | JANA CL. | Signature of Debtor | 72 |
| | | Executed | 10n 5-9-17 | | Executed on | |
| | | | MM7 DD / YYYY | | MM | / DD / YYYY |
| | | | <u></u> | | | |

| Fill in this inform | mation to identify your | case; | | | |
|---------------------------------|---|---------------------------|-----------------------------|---------------------------------------|--|
| Debtor 1 | Aimee G. Escami | lia | | | |
| D-140 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Forn | n 106Dec | | | | |
| Declarat | ion About a | n Individual | Debtor's Scl | hedules | 12/15 |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| If two married pe | eople are filing togethe | r, both are equally respo | nsible for supplying corre | ect information. | |
| You must file thi | s form whenever you fi | le bankruptcy schedule: | or amended schedules. | Making a false statement, c | oncealing property, or |
| obtaining money | or property by fraud in | n connection with a bank | kruptcy case can result in | fines up to \$250,000, or im | prisonment for up to 20 |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | | |
| | | | | | |
| Sign | n Below | | | | |
| Did you pa | v or agree to pay some | one who is NOT an atto | mey to help you fill out ba | inkruptcy forms? | |
| | | | • | | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy F | Petition Preparer's Notice, gnature (Official Form 119) |
| | | | | paciaration, and oig | matero (Omoidiri Omi 170) |
| | | | | | |
| | lity of perjury, I declare e true and correct) | that I have read the sum | imary and schedules filed | with this declaration and | |
| | | ll () . | v | | |
| × Lim | G. Eseamilla | country. | X Signature of D | Debtor 2 | |
| | re of Debtor 1 | | | - | |
| 5-4- | BOIT | 1 | Date | | |
| Date _ | - ンニュー ー | | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 10 of 57

| Debtor 1 | Aimee G. Escamilla | Case number (if know | wn) |
|--|---|---|-------------------------------------|
| name: Descrip propert securin | y | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| For any ui | rmation below. Do not list real estate ! | y Leases you listed in Schedule G: Executory Contracts and Unexp eases. Unexpired leases are leases that are still in effect; y lease if the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended. |
| Describe | your unexpired personal property leas | 3 98 | Will the lease be assumed? |
| Lessor's r Description Property: | ame: n of leased | | □ No □ Yes |
| Lessor's r Description Property: | ame: n of leased | | □ No □ Yes |
| Lessor's r Description Property: | name: In of leased | | □ No |
| Lessor's r Description Property: | name: on of leased | | □ No |
| Lessor's r Description Property: | name: In of leased | | □ No |
| Lessor's r Description Property: | name: In of leas e d | | □ No |
| Lessor's r Description Property: | name: on of leased | | □ No |
| Under per property X | Sign Below naity of perjury, Ceclare that I have inches is subject to an enexpited lease. De G. Escamilia ature of Debtor 1 | dicated my intention about any property of my estate that X Signature of Debtor 2 | secures a debt and any personal |
| Date | 50 M | Date | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 11 of 57

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Illinois | | |
|-------|--|---|---------------------|-----------------------------|
| In re | Aimee G. Escamilla | Debtor(s) | Case No. Chapter | 7 |
| | VEI | RIFICATION OF CREDITOR M | (ATRIX | |
| | | Number of | Creditors: _ | 1 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and | l correct to the best of my |
| Date: | 5-9-17 | Almee G. Escamilla Signature of Debtor |) Dxo | mula |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 12 of 57

| Fill in this informa | ation to identify your | case: | | | | | |
|--|---|-------------------|---|-----------------------------------|--|----------------------|--|
| Debtor 1 | Aimee G. Escamil | | | | | | |
| Debtor 2 | First Name | Middle Name | | Last Name | | | |
| (Spcuse if, filing) | First Name | Middle Name | | Last Name | | | |
| United States Bank | kruptcy Court for the: | NORTHERN DI | STRICT OF IL | LINOIS | | | |
| Case number | _ | | | | | | |
| (if known) | | - | | | | | Check if this is an amended filing |
| Official For | | ffairs for l | ndividua | als Filing | for Bankrupt | су | 4/16 |
| information. If mo number (If known) | re space is needed, a . Answer every quest | ttach a separate | | | both are equally respo op of any additional p | | |
| are true and correction a bankruptco 18 U.S.C. §§ 152,1 Almee G. Escan Signature of Debt | swers on this Statement. I understand that in the can result in fine 341, 1509, and 3571. | naking a false st | atement, con 0, or imprisor Signature c | cealing proper nment for up to | ty, or obtaining mone | | rjury that the answers by fraud in connection |
| Date Did you attach add ■ No □ Yes | itional pages to Your | Statement of Fil | Date | s for individua | is Filing for Bankrupt | — cy (Official Fo | orm 107)? |
| ■ No | ee to pay someone w | | | | kruptcy forms? ration, and Signature (C | Official Form 1 | 19). |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 13 of 57

| Fill in this informa | ation to identify your case: | Check one box only as directed in this form and in Form | | | |
|--|--|--|--|--|--|
| Debtor 1 Aimee G. Escamilla | | 122A-1Supp: | | | |
| Debtor 2 (Spouse, if filing) — United States Ba Case number _ (if known) | Inkruptcy Court for the: Northern District of Illinois | ■ 1. There is no presumption of abuse □ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). □ 3. The Means Test does not apply now because of qualified military service but it could apply later. | | | |

☐ Check if this is an amended filing

Official Form 122A - 1

Sign Below

Part 3:

Chapter 7 Statement of Your Current Monthly Income

12/15

By-signing here, I declare under penalty of perjory that the information on this statement and in any attachments is true and correct. Aimee G. Escamilla Signature of Debtor 1

Date

- D-

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Page 14 of 57 Document Fill in this information to identify your case: Debtor 1 Aimee G. Escamilla Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets | | |
|-----|---|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,450.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 5,450.00 |
| Par | 12: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 22,418.00 |
| | Your total liabilities | \$ | 22,418.00 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,057.34 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,051.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | iedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bounded purposes," 14.1 U.S. C. \$ 101(9). Fill out lines 8.00 for statistical purposes, 28.1 U.S. C. \$ 150 | a personal, | family, or |

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Entered 05/15/17 10:07:23 Desc Main Case 17-15045 Doc 1 Filed 05/15/17 Document

Page 15 of 57 Case number (if known) Debtor 1 Aimee G. Escamilla

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

3,973.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | Document | Page 16 of 57 | | | |
|---------------------------------|-----------------------------------|---|--------------------------------|--|---|--|
| Fill in this info | rmation to identify your | case and this filing: | | | | |
| Debtor 1 | Aimee G. Escam | illa | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States B | sankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | | Observativity (in the first terms) | |
| Case Hullibel | | | _ | | ☐ Check if this is an amended filing | |
| | | | | | | |
| Official Fo | orm 106A/B | | | | | |
| _ | le A/B: Prop | ertv | | | 12/15 | |
| | | e items. List an asset only once. If | an asset fits in more than or | ne category, list the asset ir | | |
| | ore space is needed, attach | ate as possible. If two married peop a separate sheet to this form. On the | | | | |
| Part 1: Describe | e Each Residence, Building | g, Land, or Other Real Estate You O | wn or Have an Interest In | | | |
| . Do you own or | · have any legal or equitabl | e interest in any residence, building | ار, land, or similar property? | | | |
| ■ No. Go to Pa | | • | | | | |
| _ | art 2. | | | | | |
| | is the property: | | | | | |
| Part 2: Describe | e Your Vehicles | | | | | |
| Do you own, lea | ase, or have legal or eq | uitable interest in any vehicles, | whether they are registe | red or not? Include any v | ehicles you own that | |
| | | le, also report it on Schedule G: E | | | , | |
| B. Cars, vans, t | rucks, tractors, sport u | tility vehicles, motorcycles | | | | |
| _ | ,, | , , , | | | | |
| □ No | | | | | | |
| Yes | | | | | | |
| 2.4 Make | Honda | Who has an interest in the | ha muanautu 2 o | Do not deduct secured of | claims or exemptions. Put | |
| 3.1 Make: Model: | Accord | | the amou | | ount of any secured claims on Schedule D: rs Who Have Claims Secured by Property. | |
| Year: | 1999 | Debtor 1 only Debtor 2 only | | | | |
| | | B000 Debtor 1 and Debtor 2 | only | Current value of the entire property? | Current value of the portion you own? | |
| Other info | | At least one of the deb | - , | , | | |
| | | Chapk if this is some | | \$500.00 | \$500.00 | |
| | | Check if this is comn (see instructions) | lunity property | | | |
| | | | | | | |
| . Watercraft, a | nircraft, motor homes, A | TVs and other recreational veh | icles, other vehicles, and | l accessories | | |
| Examples: Bo | ats, trailers, motors, pers | onal watercraft, fishing vessels, s | nowmobiles, motorcycle ad | ccessories | | |
| ■ No | | | | | | |
| ☐ Yes | | | | | | |
| □ 162 | | | | | | |
| | | | | | | |
| | | you own for all of your entries f | | | \$500.00 | |
| pages you h | nave attached for Part 2 | . Write that number here | | => | Ψοσο.σο | |
| Part 3: Describ | e Your Personal and Hous | ehold Items | | | | |
| | | able interest in any of the follow | wing items? | | Current value of the | |
| | | | | | portion you own? Do not deduct secured | |
| | | | | | claims or exemptions. | |
| | and a share and former late late. | | | | | |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 17-15045 Filed 05/15/17 Entered 05/15/17 10:07:23 Page 17 of 57

Case number (if known) Document Debtor 1 Aimee G. Escamilla Yes. Describe..... \$500.00 misc. household goods and furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$500.00 misc. household electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... misc. wearing apparel \$100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 misc. jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,150.00 for Part 3. Write that number here

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Doc 1

Current value of the portion you own? Do not deduct secured

Desc Main

Page 18 of 57

Case number (if known) Document Debtor 1 Aimee G. Escamilla claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$800.00 checking 800Chase 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) \$3,000.00 **Fidelity** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

| D | ebtor 1 | Case 17-15045 Aimee G. Escamilla | Doc 1 | Filed 05/15/17 Document | Entered 05/15/17 10:07:23 Page 19 of 57 Case number (if known) | Desc Main |
|----|-------------------|---|------------------------------|----------------------------|--|---|
| | D-11- | | | | | |
| 26 | Examp ■ No | s, copyrights, trademarks les: Internet domain name: Give specific information a | s, websites, p | | | |
| | — 103. | Oive specific information a | ibout triciii | | | |
| 27 | Examp ■ No | | isive licenses, | | n holdings, liquor licenses, professional licens | es |
| | ☐ Yes. | Give specific information a | bout them | | | |
| M | loney or p | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | _ | unds owed to you | | | | |
| | ■ No □ Yes. 0 | Give specific information al | bout them, inc | sluding whether you alrea | ady filed the returns and the tax years | |
| 29 | ■ No | | , , , | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | | | | | | |
| 30 | Examp ■ No | mounts someone owes y les: Unpaid wages, disabili benefits; unpaid loans Give specific information | ity insurance p | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security |
| 31 | Ехатр | ts in insurance policies les: Health, disability, or life | e insurance; h | nealth savings account (l | HSA); credit, homeowner's, or renter's insurar | nce |
| | ■ No □ Yes. I | Name the insurance compa Com | any of each po pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| 32 | If you a | erest in property that is one the beneficiary of a living the has died. | | | d surance policy, or are currently entitled to reco | eive property because |
| | ■ No □ Yes. | Give specific information | | | | |
| 33 | Ехатр | against third parties, wh | | | t or made a demand for payment to sue | |
| | ■ No □ Yes. | Describe each claim | | | | |
| 34 | . Other c | ontingent and unliquidat | ed claims of | every nature, including | g counterclaims of the debtor and rights to | set off claims |
| | ■ No | | | | | |
| | ☐ Yes. | Describe each claim | | | | |
| 35 | . Any fin ■ No | ancial assets you did not | t already list | | | |
| | ☐ Yes. | Give specific information | | | | |
| 36 | | ne dollar value of all of your | | om Part 4, including ar | ny entries for pages you have attached | \$3,800.00 |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Page 20 of 57
Case number (if known) Document Debtor 1 Aimee G. Escamilla 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$500.00 57. Part 3: Total personal and household items, line 15 \$1,150.00 Part 4: Total financial assets, line 36 58. \$3,800.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$5,450.00 \$5,450.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$5,450.00

| | | IAMAIIII. | | |
|------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Aimee G. Escami | lla | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| | | | | · · |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exem | ptions are | you claiming? | Check one only | , even if | your spouse is | filing with | vou. |
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | |
|--|---|-----|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| 1999 Honda Accord 248000 miles Line from Schedule A/B: 3.1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(c) | |
| Line IIom Schedule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| misc. household goods and furnishings | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| misc. household electronics | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | |
| Line from Genedate A.B. 111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| misc. wearing apparel Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(a) | |
| Line IIom Schedule A.B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| misc. jewelry Line from Schedule A/B: 12.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) | |
| Line nom Schedule A/D. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main

Debtor 1 Aimee G. Escamilla

Brief description of the property and line on Schedule A/B that lists this property

Copy the value from Schedule A/B

Check only one box for each exemption.

Schedule A/B: 17.1

Amount of the exemption you claim Check only one box for each exemption.

Specific laws that allow exemption.

Table 1 100% of fair market value, up to any applicable statutory limit.

401(k): Fidelity
Line from Schedule A/B: 21.1

| | Line from Schedule A/B: 17.1 | \$800.00 | | \$800.00 | 100 1200 0/12 1001(5) | |
|----|--|---------------------------|---------|---|-----------------------|--|
| | Line IIIIII Scriedule PAB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 401(k): Fidelity Line from Schedule A/B: 21.1 | \$3,000.00 | | 100% | 735 ILCS 5/12-1006 | |
| | Line Hom Schedule A/D. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exempti (Subject to adjustment on 4/01/19 and even No | | | ed on or after the date of adjustme | nt.) | |
| | ☐ Yes. Did you acquire the property co ☐ No ☐ Yes | vered by the exemption wi | ithin 1 | .215 days before you filed this case | ? | |
| | | | | | | |

| | | 1211111 | 3.0 1.000.7.7.7.0.07.7 | |
|---|--------------------------|-------------------|------------------------|--------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Aimee G. Escami | lla | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if t |
| | | | | amended |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | 0000 17 10040 20 | Document | Page 24 of 57 | 7.07.20 Best Main |
|---------------------------|---|--|--|--|
| Fill in | n this information to identify your ca | | | |
| Debte | or 1 Aimee G. Escamilla | | | |
| | First Name | Middle Name | Last Name | _ |
| Debte | | | | _ |
| (Spous | se if, filing) First Name | Middle Name | Last Name | |
| Unite | ed States Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | _ |
| Case | number | | | |
| (if know | wn) | | | ☐ Check if this is an |
| | | | | amended filing |
| Offic | cial Form 106E/F | | | |
| | edule E/F: Creditors Wh | o Have Unsecured | l Claims | 12/15 |
| | | | | h NONPRIORITY claims. List the other party to |
| Sched left. At name | ttach the Continuation Page to this page. and case number (if known). | ed by Property. If more space is If you have no information to re | needed, copy the Part you need, fill i | t out, number the entries in the boxes on the the top of any additional pages, write your |
| Part | | | | |
| _ | o any creditors have priority unsecured o | claims against you? | | |
| | No. Go to Part 2. | | | |
| | Yes. | | | |
| Part : | 2: List All of Your NONPRIORITY | Unsecured Claims | | |
| 3. D | o any creditors have nonpriority unsecur | ed claims against you? | | |
| | $\operatorname{\gimel}$ No. You have nothing to report in this part | . Submit this form to the court with | your other schedules. | |
| | Yes. | | | |
| u th | ist all of your nonpriority unsecured clair nsecured claim, list the creditor separately for nan one creditor holds a particular claim, list lart 2. | or each claim. For each claim listed | d, identify what type of claim it is. Do not | list claims already included in Part 1. If more |
| | | | | Total claim |
| 4.1 | Cadence | Last 4 digits of acc | count number 5767 | \$1,163.00 |
| | Nonpriority Creditor's Name | When we the deb | 4 in a | |
| | 25 North Winfield Road Winfield, IL 60190 | When was the deb | incurred? | |
| | Number Street City State Zlp Code | As of the date you | file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and anoth | er Type of NONPRIO | RITY unsecured claim: | |
| | ☐ Check if this claim is for a commu | | | |
| | debt | orce that you did not | | |
| | Is the claim subject to offset? | report as priority cla | | |
| | No | | n or profit-sharing plans, and other simila | ar debts |
| | Yes | Other. Specify | Medical Bills | |

Page 25 of 57 Document Debtor 1 Aimee G. Escamilla Case number (if know) 4.2 \$1,611.00 **Capital One Mastercard** Last 4 digits of account number 1036 Nonpriority Creditor's Name PO Box 6492 When was the debt incurred? Carol Stream, IL 60197 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Care Credit/Sychrony Bank Last 4 digits of account number 0608 \$677.00 Nonpriority Creditor's Name Box 960061 When was the debt incurred? Orlando, FL 32896 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 Credit First, Na Last 4 digits of account number 5892 \$1,025.00 Nonpriority Creditor's Name C/O Alliance One When was the debt incurred? PO Box 3102 Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

Page 26 of 57 Case number (if know) Document Debtor 1 Aimee G. Escamilla 4.5 \$1,707.00 Credit First/Fireston Last 4 digits of account number 5892 Nonpriority Creditor's Name **BK-15 Credit Operations** When was the debt incurred? PO Box 81410 Cleveland, OH 44181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 Creekwood Assoc. Last 4 digits of account number 609 \$951.00 Nonpriority Creditor's Name 240 S. Fifth Avenue. Ste A When was the debt incurred? Saint Charles, IL 60174 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bills** Other. Specify 4.7 \$1,324.00 **Dupage Medical** 7544,7695 Last 4 digits of account number Nonpriority Creditor's Name 15921 Collection Center Drive When was the debt incurred? Chicago, IL 60693-0159 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Medical Bills

 \square Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 27 of 57 Case number (if know) Document Debtor 1 Aimee G. Escamilla 4.8 \$0.00 **Encore** Last 4 digits of account number 3782 Nonpriority Creditor's Name 400 North Rogers Rd. When was the debt incurred? PO Box 3330 Olathe, KS 66063-3330 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Purposes Only ☐ Yes 4.9 Fox Valley Medical Assoc. Last 4 digits of account number 752 \$67.00 Nonpriority Creditor's Name 2020 Oaden Ave., #140 When was the debt incurred? Aurora, IL 60504 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bills** Other. Specify 4.1 \$566.00 Kohl's 0826 Last 4 digits of account number Λ Nonpriority Creditor's Name When was the debt incurred? c/o Alltron Financial LP PO Box 610 Sauk Rapids, MN 56379 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Document Page 28 of 57 Case number (if know) Debtor 1 Aimee G. Escamilla 4.1 Maurice's 6109 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 659705 When was the debt incurred? San Antonio, TX 78265-9705 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Purposes Only ☐ Yes 4.1 Maurice/Comenity Bank 6109 \$2,500.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Collection Agency When was the debt incurred? PO Box 182273 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **Nationwide** \$0.00 3 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3219 When was the debt incurred? Hinsdale, IL 60522 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Notice Purposes Only

Is the claim subject to offset?

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 29 of 57

Debtor 1 Aimee G. Escamilla Case number (if know) 4.1 Northwestern 1065 \$394.00 Last 4 digits of account number 4 Nonpriority Creditor's Name PO Box 4090 When was the debt incurred? 2016 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Bills 4.1 **Old Navy** 6473 \$4,518.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Portfolio Recovery Assoc. LTD When was the debt incurred? PO Box 12903 Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 **State Collection Service** \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Box 6250** When was the debt incurred? Madison, WI 53701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Notice Purposes Only

Case 17-15045 Entered 05/15/17 10:07:23 Doc 1 Filed 05/15/17 Desc Main Document Page 30 of 57 Debtor 1 Aimee G. Escamilla Case number (if know) 4.1 **Target** \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card **Tim Sheehan** \$1,200,00 Last 4 digits of account number Nonpriority Creditor's Name 525 S Tyler Rd, Ste.K When was the debt incurred? Saint Charles, IL 60174 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills ☐ Yes 4.1 Valley Emergency 2992 \$56.00 Last 4 digits of account number 9 Nonpriority Creditor's Name

PO Box 9367 When was the debt incurred? Daytona Beach, FL 32120-9367 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bills

☐ Yes

Page 31 of 57
Case number (if know) Document Debtor 1 Aimee G. Escamilla

| Walmart | Last 4 digits of account number 1688 | \$4,659.00 |
|---|---|------------|
| Nonpriority Creditor's Name | | |
| c/o Convergent | When was the debt incurred? | |
| 800 SW 39th St., Box 9004 | | |
| Renton, WA 98057 | = | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|-----------------------|-----|---|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | C.f | Chadanthana | 04 | | otal Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 22,418.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 22,418.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| | | I A A A A A A A A A A A A A A A A A A A | | |
|---|-------------------------|---|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Aimee G. Escami | lla | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number (if known) | | | | |
| () | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | , | | 21010 | 2.00 | |

| | | Docume | nt Page 33 o | <u>f 57</u> |
|--------------------------------|---|--|---------------------------|--|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Aimee G. Escam | illa | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | |
| | | | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case numb | ber | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Official | l Form 106H | | | |
| | | labtana | | |
| Sched | lule H: Your Cod | eptors | | 12/15 |
| ■ No | you have any codebtors? (If | you are filing a joint case, o | do not list either spouse | as a codebtor. |
| ☐ Yes | 3 | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisiana | | | y? (Community property states and territories include ngton, and Wisconsin.) |
| ` | Go to line 3. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | |
| in line Form out Co | 2 again as a codebtor only 106D), Schedule E/F (Officia olumn 2. Column 1: Your codebtor | if that person is a guaran I Form 106E/F), or Sched | tor or cosigner. Make s | if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 6G). Use Schedule D, Schedule E/F, or Schedule G to fil |
| r | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| - | Number Street | | | _ |
| | City | State | ZIP Code | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 34 of 57

| Fill | in this information to identify your ca | ase. | | | I | | | | |
|--------------------|--|-------------------------------|--|-----------------------------|--------------------------|-------------------------------|-------------------------------|-----------------------------------|--|
| | otor 1 Aimee G. Es | | | | | | | | |
| | otor 2 | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | | | ☐ An ☐ A s | | J | ostpetition chapter ving date: | |
| <u>O</u> | fficial Form 106I | | | | MM | 1 / DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | 12/15 | |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. **Describe Employment** | are married and not filing wi | ng jointly, and your sp ith you, do not include | oouse is liv e informati | ing with y on about y | ou, inclu our spo | ude informati use. If more | on about your space is needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | ☐ Emplo | • | | |
| | information about additional | | ☐ Not employed | | | ☐ Not employed | | | |
| | employers. | Occupation | Engagement | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Optum | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 650 Warrenville F Lisle, IL 60532 | Rd. | | | | | |
| | | How long employed to | here? 3 months | s | | _ | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to rep | oort for any | line, write \$ | 0 in the | space. Include | e your non-filing | |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all emplo | oyers for th | at perso | n on the lines | below. If you need | |
| | | | | | For Debt | or 1 | For Debtor non-filing | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. \$ | 3,3 | 62.67 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. +\$ | | 0.00 | +\$ | N/A | |

3,362.67

\$

N/A

Calculate gross Income. Add line 2 + line 3.

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 35 of 57

| Deb | tor 1 | Aimee G. Escamilla | - | C | case r | number (<i>if kr</i> | nown) | | | | |
|-----|--|---|------------|----|------------|---|-------|------------|-------------|------------|------------------|
| | | | | | For | Debtor 1 | | F | or Debtor | 2 or | |
| | _ | | | | | | | | on-filing s | | |
| | Сор | y line 4 here | 4. | | \$ | 3,362 | 2.67 | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 940 | 0.33 | \$ | | N/A | 1 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | (| 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | (| 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | | \$ | | 1.00 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | \$ | | N/A | _ |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h. | | » \$ | | 0.00 | \$ _ \$ | | N/A N/A | _ |
| _ | | · · · · · · · · · · · · · · · · · · · | | | . — | | | | | | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,161 | | \$ | | N/A | _ |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,201 | 1.34 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | | ¢ | , | | ¢ | | NI/A | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | | \$ | | 0.00 | \$ \$ | | N/A N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | | Ψ | | 0.00 | Ψ | | IN/A | <u>1</u> |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | _ | \$ | 856 | 5.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | | <u>*</u> — | | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | | \$ | | 0.00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | | \$ | (| 0.00 | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | | \$ | (| 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h. | .+ | \$ | (| 0.00 | + \$ | | N/A | <u> </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | i | 856 | 6.00 | \$ | | N/ | A |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | 3 | 3,057.34 | + \$ | | N/A | = \$ | 3,057.34 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | Ť- | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | * - | | 14,71 | * - | 0,001101 |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | | \$ | 3,057.34 |
| 40 | D- | | ^ | | | | | | | Combi | ned ly income |
| 13. | טס אַ | you expect an increase or decrease within the year after you file this form | • | | | | | | | | |
| | _ | No. Yes Explain: | | | | | | | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 36 of 57

| EHII | in this information to identify your case: | | Ī | | |
|------------|---|--------------------------|---------------|-------------------|-------------------------------|
| | | | | | |
| Deb | Aimee G. Escamilla | | | ck if this is: | |
| Deb | otor 2 | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | 13 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL | LINOIS | | MM / DD / YYYY | |
| Cas | se number | | | | |
| (If kı | known) | | | | |
| Of | fficial Form 106J | | - | | |
| | chedule J: Your Expenses | | | | 12/1 |
| Be info | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the mber (if known). Answer every question. | | | | or supplying correct |
| Par | | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expens</i> | ana far Canarata Haya | abald of Dab | tor O | |
| | Tes. Debtol 2 must me Omciai Form 1000-2, Expens | ses ioi separate noust | eriola di Del | 101 2. | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | • | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Daughter | | 16 | Yes |
| | | | | | □ No |
| | | son | | 19 | Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ■ No | | | | □ res |
| 0. | expenses of people other than yourself and your dependents? | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless penses as of a date after the bankruptcy is filed. If this is a suplicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I</i> fficial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | e. Include first mortgag | je 4. S | . | 800.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. S | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | · | 0.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. \$ | · | 0.00 |
| 5 | Additional mortgage payments for your residence, such as | nome equity loans | 5 9 | | 0.00 |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 37 of 57

| Deptor 1 Aimee G. | Escamilla | Case num | iber (if known) | |
|----------------------|---|-------------------|------------------|-----------------------------|
| 6. Utilities: | | | | |
| | heat, natural gas | 6a. | \$ | 0.00 |
| | ver, garbage collection | 6b. | · | 0.00 |
| • | , cell phone, Internet, satellite, and cable services | 6c. | | 168.00 |
| 6d. Other. Spe | • | 6d. | · | 0.00 |
| | keeping supplies | 7. | · | 1,200.00 |
| | hildren's education costs | 8. | · | 0.00 |
| | y, and dry cleaning | | \$ | 100.00 |
| | roducts and services | 9. 10. | | |
| Medical and den | | 11. | | 50.00 |
| | • | 11. | Φ | 360.00 |
| Do not include ca | Include gas, maintenance, bus or train fare. | 12. | \$ | 200.00 |
| | clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | ibutions and religious donations | 14. | · | 0.00 |
| 5. Insurance. | ibutions and religious donations | 14. | Ψ | 0.00 |
| | surance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurar | | 15a. | \$ | 0.00 |
| 15b. Health insu | | 15b. | | 100.00 |
| 15c. Vehicle ins | | 15c. | · - | 73.00 |
| 15d. Other insur | | 15d. | · | 0.00 |
| | clude taxes deducted from your pay or included in lines 4 or 20 | | Ψ | 0.00 |
| Specify: | sidue taxes deducted from your pay of included in lines 4 of 20 |). 16. | \$ | 0.00 |
| 7. Installment or le | ase navments: | | <u> </u> | 0.00 |
| 17a. Car payme | | 17a. | \$ | 0.00 |
| 17b. Car payme | | 17b. | · | 0.00 |
| 17c. Other. Spe | | 17c. | · | 0.00 |
| 17d. Other. Spe | · | 17c. 17d. | · - | |
| • | · | | Φ | 0.00 |
| | of alimony, maintenance, and support that you did not reprour pay on line 5, Schedule I, Your Income (Official Form | | \$ | 0.00 |
| | you make to support others who do not live with you. | 1001). | \$ | 0.00 |
| Specify: | you make to cappen online and not me manyou. | 19. | · | 0.00 |
| | erty expenses not included in lines 4 or 5 of this form or or | | | |
| 20a. Mortgages | | 20a. | | 0.00 |
| 20b. Real estate | | 20b. | | 0.00 |
| | omeowner's, or renter's insurance | 20c. | | 0.00 |
| | ce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | er's association or condominium dues | 20d. 20e. | · | |
| | er's association of condominium dues | | · | 0.00 |
| . Other: Specify: | | 21. | +\$ | 0.00 |
| 2. Calculate your n | nonthly expenses | | | |
| 22a. Add lines 4 t | • | | \$ | 3,051.00 |
| | ? (monthly expenses for Debtor 2), if any, from Official Form 10 |)6.I-2 | \$ | 0,001.00 |
| • • | | ,00 2 | <u> </u> | 0.054.00 |
| ZZC. Add line ZZa | and 22b. The result is your monthly expenses. | | \$ | 3,051.00 |
| 3. Calculate your n | nonthly net income. | | | |
| • | 2 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,057.34 |
| | monthly expenses from line 22c above. | 23b. | | 3,051.00 |
| | , , | ,,,, | | 5,551100 |
| 23c. Subtract vo | our monthly expenses from your monthly income. | | | |
| | is your monthly net income. | 23c. | \$ | 6.34 |
| | • | | | |
| | n increase or decrease in your expenses within the year a | | | |
| | u expect to finish paying for your car loan within the year or do you exp | ect your mortgage | payment to incre | ease or decrease because of |
| _ | erms of your mortgage? | | | |
| ■ No. | | | | |
| ΠYes | Explain here: | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 38 of 57

| Fill in this info | ormation to identify your | case: | | | |
|----------------------------------|--|---------------------------|------------------------------|-----------------------|---|
| Debtor 1 | Aimee G. Escam | illa | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | rm 106Dec | | | | |
| Declara | ition About a | an Individual | Debtor's Sch | nedules | 12/15 |
| obtaining mon years, or both. | | in connection with a bank | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Did you p | pay or agree to pay some | eone who is NOT an attor | ney to help you fill out bar | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules filed | with this declaration | on and |
| X /s/ Ai | mee G. Escamilla | | X | | |
| | e G. Escamilla ture of Debtor 1 | | Signature of D | ebtor 2 | |

Date _____

Date May 15, 2017

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 39 of 57

| =:1 | l in this inform | nation to identify you | r 00001 | | | |
|-------------------|---|---|---|---|--|---|
| _ | | nation to identify you | | | | |
| De | btor 1 | Aimee G. Escam | Middle Name | Last Name | | |
| | ebtor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Co | aa numbar | | | | | |
| | nown) | | | | _ | Check if this is an mended filing |
| <u> </u> | | ···· 107 | | | | |
| | fficial For | | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| Be info nur | as complete a ormation. If m mber (if knowr | nd accurate as possi ore space is needed,). Answer every que | ble. If two married people a attach a separate sheet to | are filing together, both are this form. On the top of any | equally responsible for sup y additional pages, write you | |
| 1. | - | current marital statu | | Lived Belole | | |
| •• | _ | ourront maritar otate | | | | |
| | ■ Married■ Not mar | ried | | | | |
| 2. | During the la | ıst 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you I | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| 3. sta | | | | | ity property state or territor ico, Texas, Washington and W | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | u received from all jobs and a | ng a business during this you all businesses, including part e together, list it only once ur | | ndar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$7,718.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Entered 05/15/17 10:07:23 Desc Main Case 17-15045 Filed 05/15/17 Doc 1 Page 40 of 57
Case number (if known) Document

Debtor 1 Aimee G. Escamilla

| | | | | Debtor 1 | | Debtor 2 | |
|----|-------------------------------------|--|--|--|--|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calen anuary 1 to | | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$32,172.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | r the calend anuary 1 to | | | ■ Wages, commissions, bonuses, tips | \$31,361.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| 5. | Include include and other winnings. | come regard public benef If you are fili | less of wheth it payments; ng a joint cas he gross inco | er that income is taxable. Ex pensions; rental income; inte e and you have income that | o previous calendar years? amples of other income are a rest; dividends; money collect you received together, list it o ately. Do not include income the | ted from lawsuits; royalties; a nly once under Debtor 1. | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | om January e date you f | | nt year until kruptcy: | Child Support | \$3,424.00 | | |
| | r last calen anuary 1 to | | 31, 2016) | Child Support | \$10,272.00 | | |
| | r the calend anuary 1 to | | | Child Support | \$10,272.00 | | |
| Da | rt 3: List | Cortain Pa | vments Vou | Made Before You Filed for | Rankruptov | | |
| Га | | | - | | | | |
| 6. | Are either ☐ No. | Neither De | ebtor 1 nor D | s debts primarily consume ebtor 2 has primarily consi personal, family, or househo | umer debts. Consumer debts | s are defined in 11 U.S.C. § 1 | 01(8) as "incurred by an |
| | | During the | 90 days befo | re you filed for bankruptcy, d | id you pay any creditor a total | l of \$6,425* or more? | |
| | | □ No. | Go to line 7 | | | | |
| | | □ Yes | paid that cre | | id a total of \$6,425* or more into for domestic support oblig | | |
| | | * Subject | | | rs after that for cases filed on | or after the date of adjustmer | nt. |
| | Yes. | | | r both have primarily constree you filed for bankruptcy, d | umer debts. id you pay any creditor a total | of \$600 or more? | |
| | | ■ No. | Go to line 7 | | | | |
| | | ☐ Yes | List below e | ach creditor to whom you pa | id a total of \$600 or more and obligations, such as child supp | | |

Creditor's Name and Address

Amount you still owe

Was this payment for ...

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main

Document Page 41 of 57

| Debt | tor 1 Ain | nee G. Escamilla | | Cas | se number (if known) | | |
|------|-------------------------------------|---|---|---|----------------------|---------------------------------------|--|
| | | | | | | | |
| • | <i>Insider</i> s inc of which yo | ear before you filed for bankrupt clude your relatives; any general p ou are an officer, director, person in you operate as a sole proprietor. | artners; relatives of any gencontrol, or owner of 20% | neral partners; partnor or more of their votin | erships of which yo | ou are a general p ny managing age | partner; corporations int, including one for |
| | ■ No □ Yes. L | ist all payments to an insider. | | | | | |
| | Insider's I | Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th | is payment |
| i | insider? | ear before you filed for bankrupt | | yments or transfer | any property on a | ccount of a deb | t that benefited an |
| | _ | ist all payments to an insider | | | | | |
| | Insider's I | Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for th Include credito | |
| Part | 4: Idon | tify Legal Actions, Repossessio | ne and Foroclosures | | | | |
| | | Fill in the details. | | | | D | |
| | Case title Case num | nber | Nature of the case | Court or agency | , | Status of the | case |
| | TD Bank 17 SC 13 | USA v Escamilla 885 | collection | Kane County Geneva, IL 601 | 134 | ■ Pending □ On appeal □ Concluded | |
| | Check all th | ear before you filed for bankrup nat apply and fill in the details belo o to line 11. | | erty repossessed, | foreclosed, garnis | shed, attached, s | seized, or levied? |
| | ☐ Yes. F | Fill in the information below. | | | | | |
| | Creditor N | Name and Address | Describe the Property Explain what happene | | Date | | Value of the property |
| | | days before you filed for bankru or refuse to make a payment bed | ptcy, did any creditor, in | | nancial institution | ı, set off any am | ounts from your |
| | _ | Fill in the details. | | | | | |
| | | Name and Address | Describe the action th | e creditor took | Date taken | action was | Amount |
| 40 | | and the form of the defendant of the second | | | | - familia ha e | e 11. |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main

Page 42 of 57
Case number (if known) Document Debtor 1 Aimee G. Escamilla

| Pa | rt 5: List Certain Gifts and Contributions | | | | | | |
|-----|---|---|---|---------------------------|--|--|--|
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |
| 14. | Within 2 years before you filed for bankrup No | tcy, did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? | | | |
| | ☐ Yes. Fill in the details for each gift or con | tribution. | | | | | |
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | al Describe what you contributed | Dates you contributed | Value | | | |
| Pa | rt 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankrupt or gambling? ■ No □ Yes. Fill in the details. | cy or since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, | | | |
| | how the loss occurred | escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Pa | rt 7: List Certain Payments or Transfers | | | | | | |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pro | cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services required | | rty to anyone you | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | Law Offices of Bradley S. Covey, P.C 428 S. Batavia Ave. Batavia, IL 60510 bradley.covey@gmail.com | | 4/17 | \$1,000.00 | | | |
| | Debtorcc.org | credit counseling | 4/17 | \$15.00 | | | |
| 17. | | cy, did you or anyone else acting on your behalf pay or or to make payments to your creditors? ou listed on line 16. | r transfer any prope | rty to anyone who | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main

Page 43 of 57
Case number (if known) Document Debtor 1 Aimee G. Escamilla

| | 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | |
|--|--|---|--|---------------|---|---|
| | Person Who Received Transfer Address | Description and property transfer | | paym | ribe any property or ents received or debts in exchange | Date transfer was made |
| | Person's relationship to you | | | paid | in exchange | |
| | Gilbert Escamilla | 2002 Jeep Che \$3,000 | rokee | | | |
| | son | | | | | |
| | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro | | ny property to a | ı self-settle | ed trust or similar device | of which you are a |
| | Yes. Fill in the details. Name of trust | Description and | value of the pro | perty trans | sferred | Date Transfer was |
| | | | | | | made |
| Par | List of Certain Financial Accounts, In | struments, Safe Deposi | it Boxes, and St | torage Uni | ts | |
| Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, cl sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brok houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Chase | xxxx- | ■ Checking □ Savings □ Money Mai □ Brokerage □ Other | | 2/17 | \$300.00 |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed fo | r bankruptcy, a | ny safe de | posit box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | or place other than you | r home within 1 | year befo | re you filed for bankrupt | cy? |
| | No No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Page 44 of 57
Case number (if known) Document

Debtor 1 Aimee G. Escamilla

| Pai | t 9: Identify Property You Hold or Control for | Someone Else | | | | |
|--|--|--|--------------------------------------|-----------------------|--|--|
| 23. | Do you hold or control any property that someofor someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | or, or hold in trust | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Pai | t 10: Give Details About Environmental Informa | ation | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | _ | law, whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s | | s waste, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of wher | n they occurred. | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environm | nental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements | and orders. | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Pai | t 11: Give Details About Your Business or Con | nections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have ar | y of the following connections to an | y business? | | |
| | ☐ A sole proprietor or self-employed in a t | trade, profession, or other activity, | either full-time or part-time | • | | |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Page 45 of 57 Case number (if known) Document Debtor 1 Aimee G. Escamilla No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Aimee G. Escamilla Signature of Debtor 2 Aimee G. Escamilla Signature of Debtor 1 Date May 15, 2017 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 46 of 57

| Fill in this infor | rmation to identify your o | ase: | | |
|--|---|--|--|--|
| Debtor 1 | Aimee G. Escamil | | Last Name | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | STRICT OF ILLINOIS | |
| | | - | | |
| Case number [| | | | Chook if this is an |
| (II KIIOWII) | | | | Check if this is an amended filing |
| If you are an ind creditors hav you have lead You must file th which on the If two married p sign al | dividual filing under chap we claims secured by you sed personal property and his form with the court with ever is earlier, unless the eform heople are filing together and date the form. | oter 7, you must for property, or and the lease has a strain 30 days afte a court extends the court ex | | et for the meeting of creditors, ne creditors and lessors you list nformation. Both debtors must |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | |
| information b | | | D: Creditors Who Have Claims Secured by Propert What do you intend to do with the property tha secures a debt? | · · · · · · · · · · · · · · · · · · · |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | L No |
| | | | Retain the property and enter into a | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt | t: | | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | _ 110 |
| | | | Retain the property and enter into a | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |

Official Form 108

Creditor's

property

Creditor's

name:

property

securing debt:

Description of

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 $\hfill\square$ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 47 of 57

| Debtor 1 | Aimee G. Escamilla | Case number (if ki | nown) |
|------------|--|---|--|
| name: | | ☐ Retain the property and redeem it. | □Yes |
| Descrip | otion of | ☐ Retain the property and enter into a Reaffirmation Agreement. | |
| propert | | Retain the property and [explain]: | |
| securin | ng debt: | | |
| Part 2: | List Your Unexpired Personal Property L | 03505 | |
| For any u | nexpired personal property lease that you ormation below. Do not list real estate lea | Listed in Schedule G: Executory Contracts and Unex ses. Unexpired leases are leases that are still in effec ease if the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's r | name: | | □ No |
| | on of leased | | _ |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| | on of leased | | □ NO |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: | | □ No |
| | on of leased | | _ |
| Property: | | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Part 3: | Sign Below | | |
| | nalty of perjury, I declare that I have indic hat is subject to an unexpired lease. | ated my intention about any property of my estate tha | at secures a debt and any personal |
| | Aimee G. Escamilla | x | |
| | ee G. Escamilla | Signature of Debtor 2 | |
| Sign | ature of Debtor 1 | | |
| Date | May 15, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-15045 Doc 1 Filed 05/15/17 Entered 05/15/17 10:07:23 Desc Main Document Page 52 of 57

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Aimee G. Escamilla | | Case No. | | | |
|-------------|---|---|--|-------------------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTO | RNEY FOR DE | CBTOR(S) | | |
| C | ompensation paid to me within one year before the fili | (a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that thin one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | <u> </u> | 1,000.00 | | |
| | Prior to the filing of this statement I have received | | | 1,000.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. T | he source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. T | he source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. I | I have not agreed to share the above-disclosed com | pensation with any other person | unless they are memb | pers and associates of my law firm. | | |
| [| I have agreed to share the above-disclosed compen- copy of the agreement, together with a list of the na | | | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to r | render legal service for all aspect | s of the bankruptcy ca | ase, including: | | |
| b c. | Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit Representation of the debtor in adversary proceeding [Other provisions as needed] | atement of affairs and plan which tors and confirmation hearing, an | may be required; nd any adjourned hear | | | |
| 6. B | y agreement with the debtor(s), the above-disclosed for Negotiation or filing of any reaffirmatio | | g service: | | | |
| | | CERTIFICATION | | | | |
| | certify that the foregoing is a complete statement of an nkruptcy proceeding. | ny agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | | |
| Ma | ay 15, 2017 | /s/ Bradley S. Co | vey | | | |
| Date | | Bradley S. Covey | | | | |
| | | | Signature of Attorney Law Offices of Bradley S. Covey, P.C. | | | |
| | | 428 S. Batavia Av | | | | |
| | | Batavia, IL 60510 630-879-9559 Fa | | | | |
| | | bradley.covey@g | | | | |
| | | Name of law firm | | | | |

Advance Payment Retainer Agreement

| I/we, ESCALOILA, Acane | , the undersigned, hereinafter referred to as "Client", |
|---|--|
| agree to employ the Law Offices of Bradley S. Covey, | P.C., hereinafter referred to as "Attorney", to render legal serv- |
| ices in connection with filing a Chapter 7 bankruptcy | for me, and hereby empower and authorize Attorney to do all |
| things in their sole discretion, reasonably necessary t | to bring the matter to a successful conclusion. Client acknowl- |
| edges that the following advance payment retainer as | greement has been fully explained, and Client agrees to pay said |
| fees and costs in consideration of legal services rende | red or to be rendered. |
| | |

This retainer agreement is an advance payment retainer agreement. The funds Client has agreed to pay Attorney shall be deposited in the Law Offices of Bradley S. Covey, P.C. General Operating Account and ownership of said funds shall pass to the Law Offices of Bradley S. Covey, P.C. immediately upon payment.

As our client, it is your option to have your money placed into a security retainer. The choice of the type of retainer to be used is yours alone.

The special purpose for this advance payment retainer is to allow Client to retain Attorney to represent him against creditors. Client understands that it is advantageous to treat this retainer as an advance payment retainer in that it protects the funds paid to Attorney from the claims of his creditors. If this retainer were treated as a security retainer said funds would remain the property of Client and therefore subject to the claims of the Client's creditors.

It is understood that the above referenced flat fee is payment for services rendered and services to be performed. The services include: review of financial status; review of various documents related to debts and obligations; counseling as to various types of bankruptcy chapters; effect of bankruptcy on future ability to obtain new credit; effect of reaffirmation (but not the preparation of or filing reaffirmation agreements), redemption, avoiding liens and surrendering property; specific advice regarding how to avoid bankruptcy and alternatives to bankruptcy; complete drafting of all required bankruptcy documents; revision and redraft of final bankruptcy documents; attending creditors' meeting, and closing file.

This Advanced Payment Agreement does not include reaffirmation agreements. Attorney is not responsible for obtaining, preparing or filing any reaffirmation agreement.

Client agrees that additional attorney's fees will be due should additional representation become necessary, including, but not limited to any 2004 examination, any adversary proceedings, objections to discharge, or any other action, hearing or representation that is not specified in the preceding paragraph of this agreement. Said additional representation shall be covered by a separate legal services agreement and will require an additional retainer.

The Client agrees that should he decide not to file bankruptcy or decide not to continue using Attorney's services, Attorney may retain any fees paid and client shall not be entitled to a refund.

Client agrees to cooperate in the preparation of the bankruptcy case, to appear for the creditors' meeting, depositions and court appearances and to comply with all reasonable requests made in preparation of this bankruptcy case. Failure to cooperate may result in Court-imposed sanctions and Attorney's withdrawal from the case.

Client understands that he shall receive copies of all documents related to his file. Client should retain those documents as his copy of his file. Should Client require additional copies of the Attorney's file the Client understands that he will be charged for those copies.

Client understands that his file shall be kept no more than five years. Should Client require copies of any documents or the return of original documents provided to Attorney he must request those copies in writing before the expiration of that five-year period.

It is agreed that upon the event of any default or breach of any kind under this agreement by Client, Attorney reserves the right to withdraw as counsel of record for Client. It is further agreed that Client shall not have any recourse or claim against Attorney for damages following the withdrawal of Attorney as Client's counsel.

In some cases it may be necessary to hire an attorney outside Attorney's firm. This attorney will be paid out of the retainer paid to Attorney. Client expressly consents to the hiring of an outside attorney to cover court dates as needed.

Client understands that it is the Client's responsibility to provide Attorney with a complete and accurate list of creditors and other information requested on Attorney's Debt Listing Sheet and Questionnaire. The Client further understands that any debts not listed in his bankruptcy schedules may not be discharged. If Client fails to provide Attorney with all information necessary to prepare the necessary documents and said failure necessates the amending of the schedules or Statement of Financial Affairs, Client agrees to pay an additional \$100.00 to cover the fees and costs of said amendment.

The fees charged in connection with this bankruptcy and for bankruptcy issues only. They do not included resolution of any matters involving credit information.

This constitutes the entire agreement between the Attorney and Clients regarding attorneys' fees and/or services provided in the engagement, the parties agree to resolve that dispute through mediation, followed by arbitration before any suit is filed.

Attorney is a debt relief agency and helps people file for relief under the Bankruptcy Code.

Special Financial Management Course Notice

Client MUST provide Attorney with a copy of Client's Certificate of Completion of Financial Management Course. If Client fails to ensure that Attorney has received and filed the required Certificate of Completion of Financial Management Course, the Client shall be responsible for payment of the case reopening fee and additional Attorney's fees of \$600.00 for filing a motion to reopen the case and file said certificate. Attorney is under no obligation to file any motion to reopen Client's case until the above referenced fees and costs are paid.

By Client's signature below, Client acknowledges understanding the terms of this agreement and agrees to abide by its provisions. Client has received a copy of this agreement for his records no later than five business days after the first date on which the Attorney provided any bankruptcy assistance services to client.

١,,,

Client

Client

Attorney

United States Bankruptcy Court Northern District of Illinois

| In re | Aimee G. Escamilla | | Case No. | | |
|-------|---|---|-------------|----|--|
| | | Debtor(s) | Chapter | 7 | |
| | VE. | RIFICATION OF CREDITOR MA | ΓRIX | | |
| | | Number of Cr | reditors: _ | 20 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | May 15, 2017 | /s/ Aimee G. Escamilla Aimee G. Escamilla Signature of Debtor | | | |

Cadence 25 North Winfield Road Winfield, IL 60190

Capital One Mastercard PO Box 6492 Carol Stream, IL 60197

Care Credit/Sychrony Bank Box 960061 Orlando, FL 32896

Credit First, Na C/O Alliance One PO Box 3102 Southeastern, PA 19398

Credit First/Fireston BK-15 Credit Operations PO Box 81410 Cleveland, OH 44181

Creekwood Assoc. 240 S. Fifth Avenue, Ste A Saint Charles, IL 60174

Dupage Medical 15921 Collection Center Drive Chicago, IL 60693-0159

Encore 400 North Rogers Rd. PO Box 3330 Olathe, KS 66063-3330

Fox Valley Medical Assoc. 2020 Ogden Ave., #140 Aurora, IL 60504

Kohl's c/o Alltron Financial LP PO Box 610 Sauk Rapids, MN 56379 Maurice's PO Box 659705 San Antonio, TX 78265-9705

Maurice/Comenity Bank c/o Collection Agency PO Box 182273 Columbus, OH 43218

Nationwide PO Box 3219 Hinsdale, IL 60522

Northwestern PO Box 4090 Carol Stream, IL 60197

Old Navy c/o Portfolio Recovery Assoc. LTD PO Box 12903 Norfolk, VA 23541

State Collection Service Box 6250 Madison, WI 53701

Target

Tim Sheehan 525 S Tyler Rd, Ste.K Saint Charles, IL 60174

Valley Emergency PO Box 9367 Daytona Beach, FL 32120-9367

Walmart c/o Convergent 800 SW 39th St., Box 9004 Renton, WA 98057